

selected ensures that this funding will be drastically reduced. The maternal and child health block grant includes many set asides, resulting in the diversion of \$84 million of the \$116 million transferred from title X. Thus, 70 percent of the money transferred to this block grant could not go to family planning services even if States wanted to earmark the funds for that purpose.

Later today, Representatives GREENWOOD and LOWEY will be offering an amendment to restore the funding for title X. Congressman SMITH will then offer an amendment that restates the bill's provision to eliminate the funding for title X. The Greenwood-LoweY amendment includes specific language clarifying what is already the case for title X—no funding can be used for abortion, nor can funding be used for political advocacy. Title X prevents abortion—these clinics are prohibited from providing abortions or directive counseling.

I will also be offering an amendment later today with Congresswoman LOWEY and Congressman KOLBE to strike the Istook language in the bill allowing States to decide whether to fund Medicaid abortions in the cases of rape and incest. This is not an issue about States' rights. States can choose to participate in the Medicaid Program; however, once that choice is made, they are required to comply with all Federal statutory and regulatory requirements, including funding abortions in the cases of rape and incest. Every Federal court that has considered this issue has held that State Medicaid plans must cover all abortions for which Federal funds are provided by the Hyde amendment.

Abortions as a result of rape and incest are rare—and they are tragic. The vast majority of Americans support Medicaid funding for abortions that are the result of those violent, brutal crimes against women. I urge my colleagues to support the Lowey-Morella amendment.

Another amendment added in committee makes an unprecedented intrusion into the development of curriculum requirements and the accreditation process for medical schools. An amendment will be offered by Congressman GANSKE and Congresswoman JOHNSON to strike this language in the bill, and I will be speaking in favor of their effort as well.

There is also troubling language in the bill that restricts the enforcement of title IX in college athletics. Congresswoman MINK will be offering an amendment to strike this language, and I urge support for this amendment.

Several additional amendments attempt to legislate on this bill, and I am opposed to these efforts as well. The entire appropriations process has been circumvented in the last several bills, and I am outraged at the efforts to bypass the appropriate, deliberative legislative process in this House. I am particularly troubled by the efforts of several colleagues to severely restrict the advocacy activities non-profit organizations. If my colleagues believe that current law regarding such activities is insufficiently restrictive, then they should seek to change it through the appropriate legislative channels, not through the appropriations process.

In regard to funding cuts in the bill, I am very concerned with the scope of the cuts in education programs. I am very dismayed by the elimination or severe reductions in the Goals 2000 Program, the Women's Educational Equity Act, the Safe and Drug Free Schools Act, the Office of Civil Rights in the

Department of Education, Head Start, the IDEA Program, title I, Vocational Educational, and the School to Work Program.

I am also concerned with the bill's disproportionate cuts in drug and alcohol treatment and prevention programs. The bill would cut 68 percent of the demonstration programs and 18 percent of the total HHS treatment and prevention funding. Some of the current programs that will be hardest hit are those serving women and children. I am particularly concerned with reductions for residential substance abuse treatment programs serving pregnant women and children; Congressman DURBIN and I have worked over the past several years to expand the availability of these critical services that save lives and tremendous health and social costs. The cost of not treating drug and alcohol problems far exceeds the savings in this bill.

I am further concerned with the elimination of the consolidated AIDS research budget appropriation, and, for the first time since 1983, the lack of a specific funding level for AIDS research at NIH. While report language added by Congresswoman NANCY PELOSI improves the bill, I remain concerned that the current centralized AIDS research effort through the OAR will be diminished. A strong OAR vested with budget authority is the most effective way to coordinate and guide the 24 AIDS efforts within the institutes at NIH. I will be working with the Senate to restore the current structure of the OAR consolidated budget of the NIH.

I will also be working to restore funding for the Corporation for Public Broadcasting, the Older Americans Act, and the Low-Income Home Energy Assistance Program [LIHEAP]. While it is impossible to provide level funding for every program in this bill with such a reduced allocation, I believe that many of these programs have suffered cuts that are too deep to sustain their important functions.

I urge my colleagues to vote for amendments to address many of the problems in the legislation, and if they fail, to oppose the bill.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 1996

SPEECH OF

HON. HARRIS W. FAWELL

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. FAWELL. Mr. Chairman, I rise in support of the Greenwood amendment to restore Federal funds for title X family planning.

Title X of the Public Health Service Act was enacted in 1970. In its 25 years of existence, the program has enjoyed bipartisan support. This program provides services to low-income and uninsured working women. In addition to family planning services, title X clinics provide screening for breast and cervical cancer, sex-

ually transmitted infections, and hypertension. As stated in Mr. Greenwood's amendment, funds are prohibited to be used for abortion, directive counseling, literature or propaganda that promotes abortion or a political candidate.

I believe this plants the Title X Family Planning Program firmly in the realm of prevention and wellness. Often, the battle that young women face is a battle of education. In many cases what these women need is self esteem, belief in themselves, and confidence in the strength that they possess. These qualities are enhanced by education and care. Title X clinics are a part of that process. The educational and emotional assistance offered by family planning clinics can increase awareness, decreasing the chance of an unplanned pregnancy.

Mr. Chairman, I do not often rise to speak on the issue of reproductive rights and family planning. My wife and I have been married 42 years, reared three fine children, and have been blessed with eight grandchildren. It is my hope that the women who receive title X services can be blessed with such a family if they so choose. Let us give them those choices. Let us continue to fund the education and services offered by title X family planning clinics. Support the Greenwood amendment.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 1996

SPEECH OF

HON. JERROLD NADLER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the state of the Union had under consideration the bill (H.R. 2127) marking appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. NADLER. Mr. Chairman, I rise to express my dismay over the elimination of the Summer Youth Employment Program in the Labor, Health and Human Services, and Education, Appropriations bill of 1996. Over the course of this summer, this program will enrich the lives of more than 600,000 low-income students across the Nation, helping them develop the skills essential to achieving self-sufficiency, independence, and career success.

The Summer Youth Employment Program provides young men and women between the ages of 14 to 21 with summer positions in libraries, hospitals, parks, and recreation centers. In addition to work experience, the program provides basic and remedial education and job search assistance, preparing our Nation's youth for further successful participation in the work force.

The program has helped employ and train more than 7 million students over an 11 year period. A survey conducted by the National Society for Hebrew Day Schools found three-fifths of former SYEP participants successfully employed in professional, managerial, computer, technical, sales, health or public safety fields. The Summer Youth Employment Program does more than give students a positive

way to spend their summers. It proves to them that they can succeed by helping them develop the skills to succeed.

Mr. Chairman. I am appalled at the elimination of this very valuable program. It is shameful we cannot make a commitment to devote a portion of \$1 out of every \$100 toward our youth's future by funding this program. Termination of this program will send the following chilling message to our Nation's youth: Your future is not worth even 1 percent of our Federal budget.

Mr. Chairman, I urge my colleagues to vote against the elimination of this very fundamental program. The Summer Youth Employment Program is an investment in America's youth that yields positive returns for America's present and future.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 1996

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Ms. JACKSON-LEE. Mr. Chairman, I rise today in strong opposition to the proposed cuts in various Labor Department programs that are affected in title I of this bill.

Among the most outrageous are the massive cuts in worker training programs. Cuts in adult job training, a 22-percent reduction in appropriations for the School-to-Work Program, and a reduction in funds for dislocated worker programs send a clear message to the American worker: Congress is not willing to invest in your human capital. Also through the gag rule in this bill Congress does not want to listen to your rightful grievances.

What is worse is the lack of concern this bill displays over the needs of our working youth. This appropriations bill zeros out funding for the Summer Youth Employment Program—effectively making this summer, the summer of 1995, the last year of operation for this program. It would be a tragedy for me to have to return to my district in Houston this August recess and relay the message to the working youth that benefit from this program: Enjoy your jobs while you have them this summer, kids. This will be the last year you'll have this opportunity.

The Summer Youth Employment Program works. This program reduces the number of teens that participate in gang activity and other nonconstructive behaviors during the summer months. It is better that the income from this program be used to enhance youthful opportunities for employment, challenges them with responsibilities, and provides them with an enhanced sense of self-worth.

I find the labor provisions of this bill to be a serious threat to a longstanding commitment

to invest in our people—this is a tragedy as we move toward the 21st century. Shame. Shame. Shame.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 1996

SPEECH OF

HON. TOM A. COBURN

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. COBURN. Mr. Chairman, I would like to insert the following article about a crisis pregnancy center in Rockville, MD, into the RECORD.

[From Family Voice, Aug. 1995]

MAKING A DIFFERENCE

(By Candy Berkebile)

Negative advertising campaigns have targeted pro-life crisis pregnancy centers in an attempt to marginalize the role they play in young women's lives. These centers, they say, are deceptive; only care about the baby before it's born; and don't care about women. To counteract these accusations, Family Voice interviewed two young women who have made life and death decisions. Millions of women have gone through similar experiences. Their stories demonstrate the vast difference between an abortion clinic and a pregnancy center. More importantly, they help us see beyond the rhetoric to the heart of the issue. We are dealing with real women faced with crises that they don't know how to handle.

Anna, a young unwed Christian entered a Planned Parenthood clinic in Pittsburgh, Pennsylvania in 1985.

What happened to me that day changed my life forever. The day I walked into the clinic was a muggy August afternoon. I was seventeen years old and I was eight weeks pregnant. I can't tell you step by step what happened, because I remember that day in snapshots.

I went into the room, a quiet and rather serious teenager; I left a silent, deeply hurt young woman. I sat and talked to the counselor in a room that, like most others at the clinic, was clean but shabby in appearance. It was bright and cold—there was no comfort, no luxury, just the tools to change life. I'm sure the counselor told me her name, but I don't remember it. She tried to put me at ease, to let me know it was alright, and to explain what was about to happen to me. She told me about the procedure, about the qualified medical resident who would be carrying it out. Then she asked, "Anna, is this what you really want? Are you sure you have no other options?"

My voice quavered as I said, "I have to do this. My parents would never understand. They expect so much out of me and my future. I can't let them down." My mind was made up. I had to do this. There was no other way out. I hated myself for what I was about to do. But I could do nothing else.

She ushered me to another room, a room which will stay vivid in my imagination for-

ever. She gave me a smock to change into and left me alone with my thoughts and fears for a few moments. When she returned, I was sitting on the padded table-top wearing the flowered smock. She gave me a cotton blanket to wrap around my waist as I waited.

"Do you want to know the funniest thing about this whole situation?" I laughed nervously as tears brimmed my eyes.

"What's that?" she asked.

"I never believed that this could happen to me. Even when I thought I might be pregnant. I prayed to God it wasn't true. But I was still pregnant."

The resident dressed in surgical green entered the room. The counselor placed her hand over mine to calm my fingers, which had been nervously fraying the edge of the wax-like tissue paper I sat on. She said, "Anna, scoot down here to the end of the table. Put your heels in these holes—these are called stirrups." She pointed to the shiny pieces of metal protruding from the end of the table. "Now, lie back and relax. Let your knees fall to the sides. It's okay. That's right. Now relax," she said. "I'll be here with you. I'll talk to you, we'll go through this together."

I knew that while in some respects this was the truth, that nothing could be further from it. She would hold my hand, but I would experience this alone. I stared at the ceiling and counted the watermarks as the resident opened the cold steel speculum inside me. I tried to block out the discomfort and humiliation I was feeling. I was scared. She tried to divert my attention.

"Anna, what do you have planned now that you have graduated?"

"I'm going to college," I answered bravely. "I leave in to weeks." I clamped my mouth shut quickly as the pressure began to build in my lower abdomen.

"Do you know what you want to do?" She tried to speak softly, reassuringly. She knew the pain was quickly approaching.

"I want to be a lawyer," I stated in an anguished voice.

One tear sprang to the corner of my eye. She squeezed my hand. I experienced the pain—at least some of it—when the eight-week-old fetus was scraped from the inside of my womb. This, I was prepared for. But what I was not prepared for was the pain that followed in the next few seconds.

"We need more women as lawyers," she continued talking. I think she wanted to drown out any other sound I would hear. But her voice was barely a whisper to me now; I was not focusing on her. She asked me if I knew the area of law I wanted to pursue but I barely heard her, and I didn't answer. I only heard one sound; a sound which was, for me, amplified to a deafening crescendo. I flinched as I heard the hollow splash of the sopping sponge-like tissue when it bounced off the bottom of the awaiting utility bucket. I began to move my head back and forth slowly, my swollen eyes were closed, but the tears crept out.

"No. no," I repeated.

The medical resident left the room, but I didn't notice. I must have been in shock. The counselor helped me dress. Then she took me to a recovery room to lie down. I curled up on one of the many grey cots which lined the room. She sat in a chair by my side. I turned my back on her and faced the blank wall my knees were pulled almost to my chest. My body was quivering. Wave after wave of cramping pain clawed at my insides—the pain of a womb hysterically trying to readjust to its recent loss. I know she probably wanted to help, but what could she do?

Five hours later, I walked out the door. The counselor must have given me a reassuring hug as I walked out, but I can't remember anything beyond the recovery room. She